

PATENT

Attorney Docket No. 19799-206

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:	Jacques, Steven	CONFIRMATION NO.:	9597
APPLICATION NO.:	10/698,496	GROUP NO.:	3731
FILING DATE:	October 31, 2003	EXAMINER :	Nguyen, Tuan Van
TITLE:	LOW PROFILE SHORT TAPERED TIP CATHETER		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. § 1.132

Sir:

I, Harold M. Aznoian, hereby declare and say:

1. I am Vice President of New Product Development at ConMed Endoscopic Technologies, a wholly-owned subsidiary of ConMed Corporation.
2. On September 30, 2004, ConMed Corporation acquired certain assets of C. R. Bard, Inc., including but not limited to U.S. Patent Application No. 10/698,496 (“the ‘496 Application”). On June 28, 2005, C.R. Bard, Inc. assigned the ‘496 Application to ConMed Endoscopic Technologies, Inc. The assignment is recorded at Reel/Frame No. 016669/0054.
3. I was employed by C. R. Bard, Inc. (“Bard”) from 1986 to 2004, which included a variety of positions in the endoscopic technologies field, culminating with my position as Vice President of R&D for Bard Endoscopic Technologies. Over this time period, I became very familiar with the needs of endoscopists and endoscopic surgeons, endoscopic product innovation, and the marketplace of competitive products. Steven Jacques, the named inventor on the ‘496 Application, was a Senior Project Engineer in my department at the time he made the inventions described in the ‘496 Application.
4. Independent claim 14 in the ‘496 Application, as currently amended, is directed to a catheter comprising, among other things, a shaft comprising “two or more lumens, at least one

of which is sized to receive a 0.035 inch guidewire;” a tip at the distal end of the shaft having a tapered portion ending in a distal terminus, wherein the tapered portion has a length of “approximately 3 millimeters or less;” and the distal terminus has an outer diameter measuring “less than approximately 0.063 inch.”

5. Independent claim 26 is directed to a catheter comprising, among other things, a shaft comprising “two or more lumens, at least one of which is sized to receive a 0.035 inch guidewire;” a tip at the distal end of the shaft having a tapered portion ending in a distal terminus, wherein the tapered portion has a length “within the range of 1.5 mm to 4.5 mm;” and the distal terminus has an outer diameter measuring “within the range of 0.055 inch to 0.063 inch.”

6. Marketplace Prior to the ‘496 Application Priority Date (November 1, 2002).

(a) I am unaware of any commercial competitor who had, prior to November 1, 2002, a multi-lumen catheter with a 0.035 inch guidewire-compatible lumen, a distal tip having a short tapered portion as defined in the ‘496 claims, and a low profile distal terminus, as defined in the ‘496 claims.

(b) The 2002 product catalog from Boston Scientific/Microvasive includes two “Autotome™ RX” triple lumen sphincterotomes specifying tip outer diameters of “<5” (Order Numbers M00545150 and M00545160). Exhibit A at page 4. The catalog also includes other RX sphincterotomes specifying tip outer diameters of “sub 5.” Exhibit A at page 5. To a person with endoscopic industry knowledge and experience such as myself, the terms “<5” and “sub 5” strongly suggest that Boston Scientific/Microvasive did not have real, measurable outer diameters below 5 French. These terms are the sort of terms that marketing professionals employ when a verifiable claim cannot be made as to actual outer diameter measurements. My understanding of these terms is supported by the fact that in the following year, 2003, the Boston Scientific/Microvasive catalog provides for the first time actual outer diameter measurements for the RX sphincterotomes. Exhibit B.

(c) I also note that in the 2002 Boston Scientific/Microvasive catalog, guidewire compatibility specifications are not provided for many of the RX sphincterotomes, and taper length is not provided for any of them. Exhibit A at pages 4 and 5.

(d) The 2002 Boston Scientific/Microvasive catalog discloses other sphincterotomes having larger distal tips (5 F and 5.5 F) and 0.035 inch guidewire compatibility. Also, the Tapertome™ Single-Use Sphincterotome had a 3.5 F tip, but was not compatible with a 0.035 inch guidewire (a 0.025 inch guidewire is recommended). Exhibit A at pages 6-8.

(e) The 2002 product catalog from Wilson Cook disclosed a variety of Dash™ sphincterotomes with distal tips ranging from 3.0 French to 5.5 French. Only the 5.5 French sphincterotome is specified as compatible with an 0.035 inch guidewire. The smaller tipped devices require smaller guidewires. Exhibit C.

7. In approximately February of 2003, Bard launched the new Apollo AC (double lumen) and Apollo 3AC (triple lumen) advanced cannulation papillotomes. According to Boston Scientific product literature, the Autotome RX sphincterotomes were available in 2003 in the following sizes:

Number	Name	Cut-Wire (mm)	Tip Length (mm)	Tip O.D. (Fr)	Recommended Guidewire (in)
M00545150	Autotome RX 49	20	5	4.9	.035"
M00545160	Autotome RX 49	30	5	4.9	.035"
M00545170	Autotome RX 44	20	5	4.4	.035"
M00545180	Autotome RX 44	30	5	4.4	.035"
M00545190	Autotome RX 39	20	5	3.9	.025"
M00545200	Autotome RX 39	30	5	3.9	.025"

See Exhibit B. There is an important distinction between the Autotome RX Cannulating Sphincterotomes and the Bard Apollo AC 4.5 F papillotomes. As noted in Exhibit D, the Autotome RX 44 and 39 models feature Merging Lumen Technology™. In this Technology, the contrast lumen is merged with the guidewire lumen so that there is a single port exiting the distal tip of the device. The single port contains both the guidewire and contrast media. This feature is disadvantageous in that when contrast media is delivered through the same lumen that contains the guidewire, flow resistance is increased, which results in reduced injection speed and volume. In a clinical setting, it is important to be able to inject contrast media with speed and volume so as to minimize the time that the patient is exposed to fluoroscopy and to provide the physician with a view of the biliary tree as quickly as possible. In addition, guidewire maneuverability is reduced when the guidewire comes in contact with the highly viscose contrast media. Bard's Apollo AC 4.5 F papillotomes had two separate lumens (of a 3-lumen extrusion) that ran the

entire length of the instrument through the distal tip – one was dedicated for contrast media and the other was dedicated for the guidewire. The ConMed Apollo AC 4.5 F papillotomes sold today maintain the same two dedicated lumens all the way through the distal tip of the instrument. Consequently, contrast media injection and guidewire maneuverability are not compromised in the Apollo AC 4.5 F papillotomes. A side-by-side photographic comparison of the Boston Scientific Autotome RX 44 and the ConMed Apollo 3 AC papillotomes is attached as Exhibit E.

8. The creation of a multi-lumen catheter having a 0.035 inch guidewire-compatible lumen, a distal tip having a short tapered portion as defined in the '496 claims, and a low profile distal terminus, as defined in the '496 claims, was a very difficult design challenge. The inventor of the '496 Application, Steven Jacques, tried, but failed to create such a device using existing technology. The design attributes of the claimed invention were not attainable with traditional design and manufacturing techniques. Ultimately, Jacques had to invent a variety of significant changes and improvements to existing design and manufacturing techniques in order to reduce to practice the claimed invention. For example, based on my knowledge and understanding of the endoscopic design field:

- (a) traditional manufacturing methods did not allow for the ability to prevent heating of unintended adjacent areas of the shaft. This degree of control is required in order to keep the tip short while achieving a lower profile outside diameter over a shorter taper length;
- (b) traditional manufacturing methods did not allow for a proximal and distal clamp design in connection with mandrels during the necking process to correctly form the distal profile;
- (c) conventional manufacturing methods did not provide for the particular heating, cooling, and pulling process designed and utilized by Jacques; and
- (d) conventional papillotome manufacturing methods did not allow for a shortened radiopaque slug or a shortened split collet for the cutting wire. The shortened

slug and the shortened split collet help to maximize the amount of polymer material at the distal tip for tapering while anchoring the cutting wire and providing an adequate radiopaque marker. See Paragraphs 0046-0049 of the '496 Application.

In my opinion, these design innovations surpassed the level of ordinary skill in the art.

9. I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent resulting therefrom.

11.30.07

Date

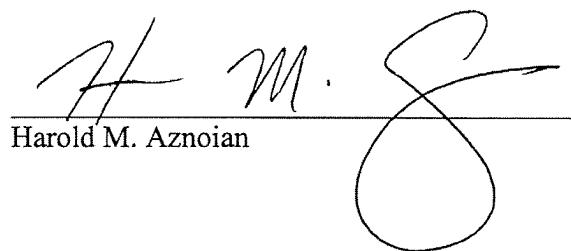

Harold M. Aznoian

EXHIBIT A

2002

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PRICE LIST

AND ORDERING

INFORMATION

PRODUCTS FOR

ENDOSCOPY

Boston
Scientific
MICROVASIVE®

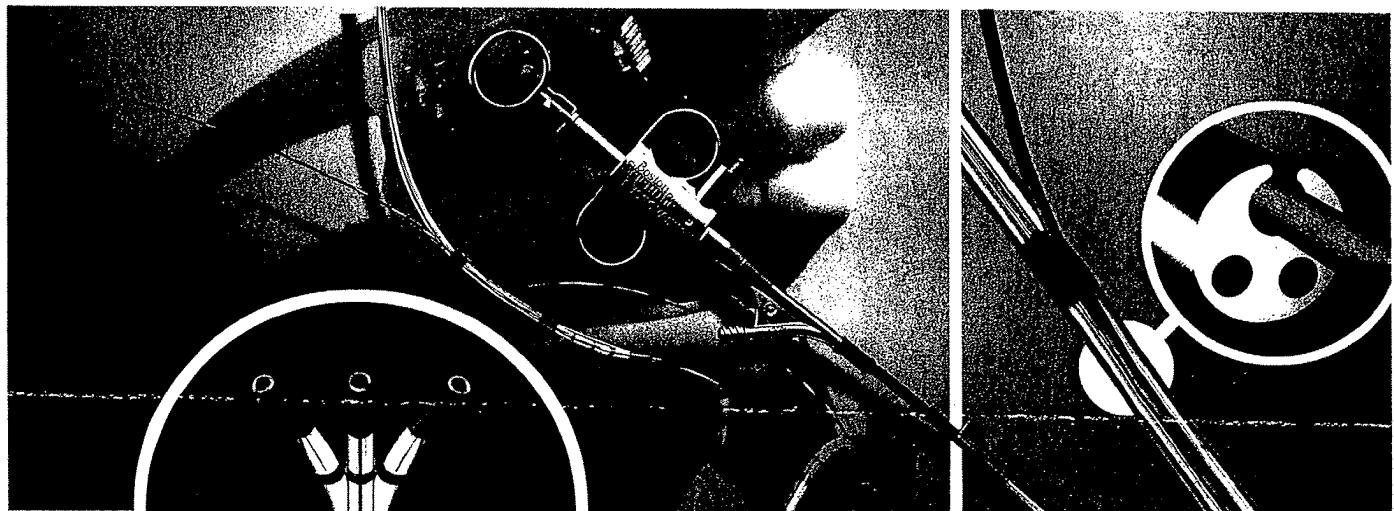
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2002

Autotome™ RX

Rotatable Cannulating Sphincterotome

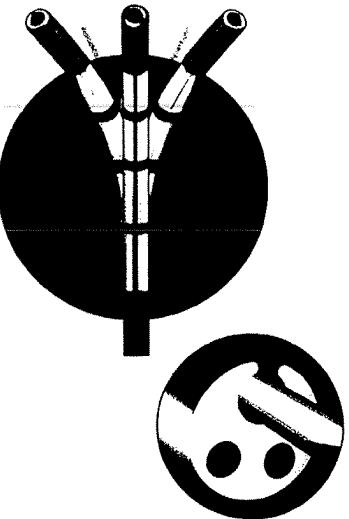


Boston
Scientific
MICROVASIVE®

Take control... Autotome™ RX

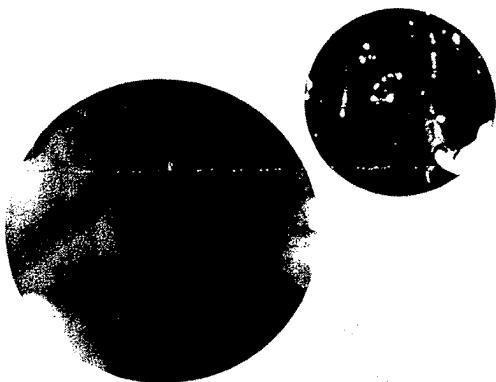
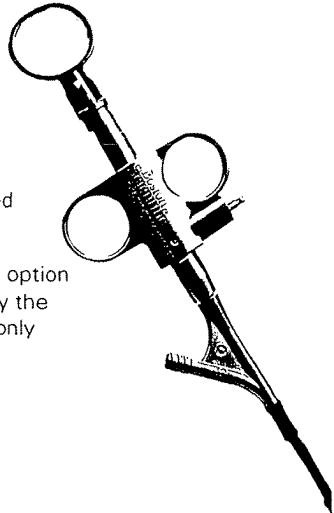
2002

Introducing the first RX compatible
rotatable sphincterotome.



Controlled Direction

- **Direct Wire Technology™:** new design allows rotation of cutting wire to the left or right!†
- **Rotating Handle:** improved ergonomics and controlled tip rotation.
- **2nd Generation "C" Groove Technology:** offers the option of independent guidewire manipulation and locking, by the physician, whilst reducing over-the-wire exchange to only 6cm of the total device length.
- **Open Lumen Design:** conforms to standard 3 lumen over-the-wire techniques, but may be converted to RX compatible techniques and devices at anytime.



Controlled Outcomes

- **Orientation of Tip:** aides in gaining access to the papilla and increases control of sphincterotomy in complex anatomical situations.*
- **Selective Wire Cannulation:** made easier by left to right tip movement and independent wire control:
 - ✓ Through tortuous anatomy
 - ✓ Past difficult strictures
 - ✓ Hilar or Pancreatic access

Ordering Information

Order Number	Description	Cutting Wire Length (mm)	Tip Length (mm)	Tip O.D. (Fr)	Guidewire (in)
M00545150	Autotome™ RX	20	5	<5	0.035**
M00545160	Autotome™ RX	30	5	<5	0.035**



MICROVASCIVE
RAPID EXCHANGE
BILIARY SYSTEM

Note: Autotome™ RX is compatible with universal active diathermy cords

* Data on file Boston Scientific Corporation

** Recommended Guidewire 260cm or 450cm Jagwire™

† Patents pending

**Boston
Scientific**
MICROVASCIVE®

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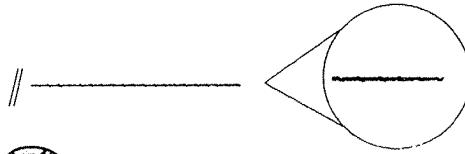
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RX BILIARY SYSTEM™

RX GUIDEWIRES

2007



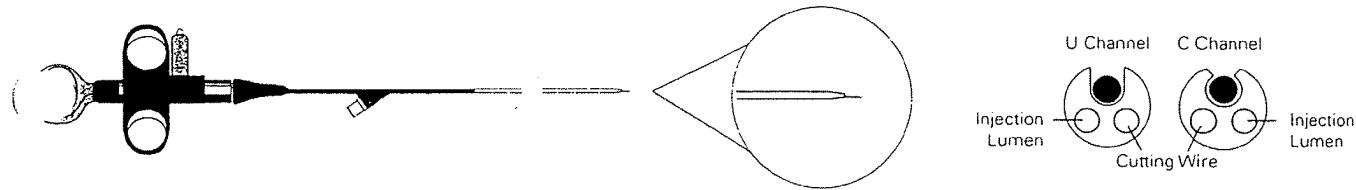
■ EXTENDABLE JAGWIRE™ SINGLE-USE GUIDEWIRES

Order Number	Description	O.D. (in)	Length (cm)	Tip Style	Price (Box 2)
■ V00556840	Extendable Jagwire RX Guidewire	.035	260	Straight tip	\$299 bx
■ V00556850	Extendable Jagwire RX Guidewire	.035	260	Angled tip	\$299 bx
■ V00556860	Stiff Shaft Extendable Jagwire RX Guidewire	.035	260	Straight tip	\$299 bx
■ V00556870	Stiff Shaft Extendable Jagwire RX Guidewire	.035	260	Angled tip	\$299 bx
■ V00556900	Jagtail™	.035	200	Guidewire extension	\$450 bx

■ JAGWIRE™ SINGLE-USE GUIDEWIRES

Order Number	Description	O.D. (in)	Length (cm)	Tip Style	Price (Box 2)
■ V00556460	Jagwire	.025	260	Straight tip	\$229 bx
■ V00556480	Stiff Shaft Jagwire	.025	260	Straight tip	\$229 bx
■ V00556490	Stiff Shaft Jagwire	.025	260	Angled tip	\$229 bx

RX SPHINCTEROTOMES



■ RX SINGLE-USE TAPERTOME™ SPHINCTEROTOME

Order Number	Description	Cut Wire (mm)	Tip Length (mm)	Channel	Tip Diameter (Fr)	Price
■ V00532850	RX Tapertome™, Short Nose	.20	.5	C	sub 4	\$199 ea
■ V00532860	RX Tapertome™, Short Nose	.30	.5	C	sub 4	\$199 ea

■ RX SINGLE-USE CANNULATING SPHINCTEROTOME

Order Number	Description	Cut Wire (mm)	Tip Length (mm)	Channel	Tip Diameter (Fr)	Price
■ V00545050	RX Cannulating Sphincterotome, Short Nose	.20	.5	C	sub 5	\$199 ea
■ V00545060	RX Cannulating Sphincterotome, Short Nose	.30	.5	C	sub 5	\$199 ea

■ RX SINGLE-USE SPHINCTEROTOME

Order Number	Description	Cut Wire (mm)	Tip Length (mm)	Channel	Tip Diameter (Fr)	Price
■ V00545500	RX Sphincterotome, Short Nose	.20	.5	U	sub 5	\$199 ea
■ V00545510	RX Sphincterotome, Short Nose	.30	.5	U	sub 5	\$199 ea
■ V00545520	RX Sphincterotome, Long Nose	.20	20	U	sub 5	\$199 ea
■ V00545530	RX Sphincterotome, Long Nose	.30	20	U	sub 5	\$199 ea

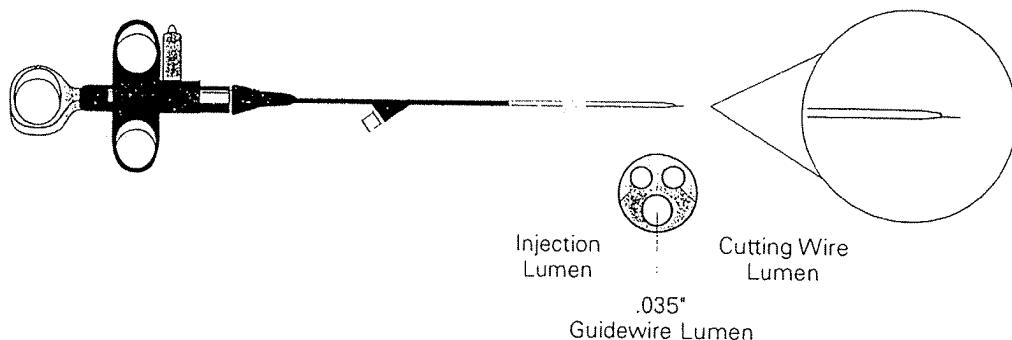
■ SINGLE-USE TRIPLE-LUMEN NEEDLEKNIFE XL

Order Number	Description	Cut Wire (mm)	Tip Length (mm)	Channel	Tip Diameter (Fr)	Price
■ V00545840	RX Triple-Lumen Needleknife XL	.5	.5	C	Sub 5	\$199 ea

BILIARY

SPHINCTEROTOMES

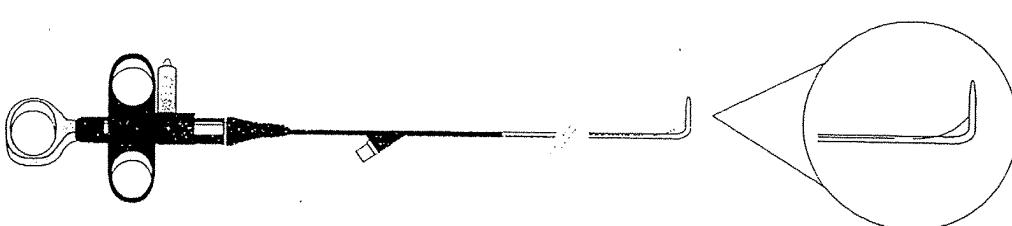
2008



■ MICROKNIFE™ XL SINGLE-USE TRIPLE-LUMEN NEEDLEKNIFE

Order Number	Description	Shaft O.D. (Fr)	Catheter Length (cm)	Recommended Guidewire (in)*	Price
M00532810	MicroKnife XL	7.0 - 5.0	200	.035	\$149

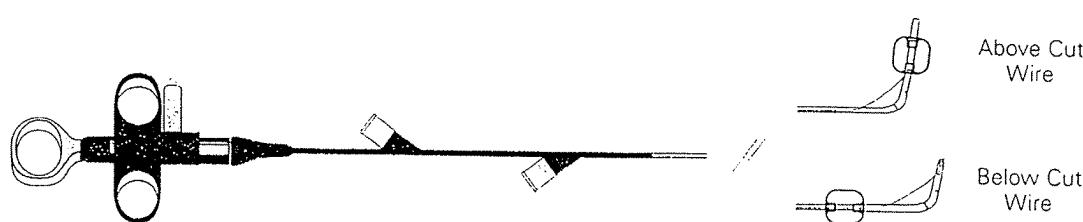
* Recommended Guidewire .035" Jagwire Guidewire, Order #5658 or #5659 (see page 9).



■ TAPERTOME™ SINGLE-USE SPHINCTEROTOME

Order Number	Description	Shaft O.D. (Fr)	Catheter Length (cm)	Tip O.D. (Fr)	Cut Wire (mm)	Recommended Guidewire (in)*	Price
M00532820	Tapertome	7.0 - 5.5	200	3.5	20	.025	\$189

* Recommended Guidewire .025" Jagwire Guidewire, Order #5656 (see page 9).



■ STONETOME™ SINGLE-USE STONE REMOVAL DEVICE

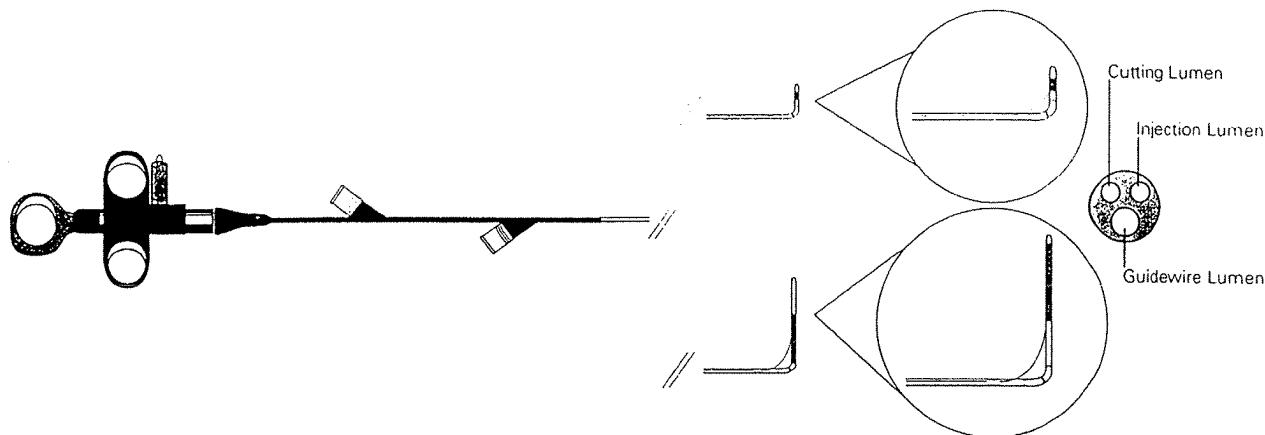
Order Number	Description	Balloon Diameter (mm)	Catheter Length (cm)	Tip Length (mm)	Cut Wire (mm)	Recommended Guidewire (in)*	Price
M0053515J	Stonetome balloon, cut wire	11.5	200	5	20	.035	\$329
M0053517Q	Stonetome balloon and wire	11.5	200	20	20	.035	\$329
M0053519C	Stonetome open wire wire	11.5	200	5	30	.035	\$329
M0053521D	Stonetome open, cut wire	11.5	200	20	30	.035	\$329
M0053511D	Stonetome balloon, cut wire	11.5	200	20	20	.035	\$329
M0053513H	Stonetome balloon, cut wire	11.5	200	20	30	.035	\$329

* Recommended Guidewire .035" Jagwire Guidewire, Order #5658 or #5659 (see page 9).
Actual Guidewire supplied separately.



2007

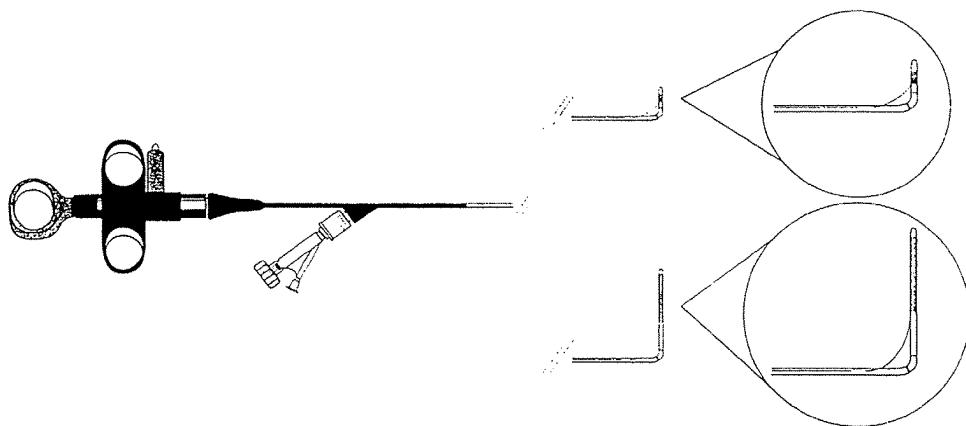
BILIARY SPHINCTEROTOMES



■ ULTRATOME XL™ SINGLE-USE TRIPLE-LUMEN WIREGUIDED SPHINCTEROTOME

Order Number	Description	Cutting Wire Length (mm)	Distal O.D. (mm) (Fr)	Catheter Length (cm)	Recommended Guidewire (in)*	Price
M00535900	Ultratome XL Short Nose	20	1.8	5.5.....200	.035	\$199 ea
M00535910	Ultratome XL Long Nose	20	1.8	5.5.....200	.035	\$199 ea
M00535920	Ultratome XL Short Nose	30	1.8	5.5.....200	.035	\$199 ea
M00535930	Ultratome XL Long Nose	30	1.8	5.5.....200	.035	\$199 ea

* Recommended Guidewire .035" Jagwire™ Guidewire, Order #5660, #5661, #5664 or #5665 (see page 9).



■ FLUOROTOME™ SINGLE-USE DOUBLE-LUMEN WIREGUIDED SPHINCTEROTOME

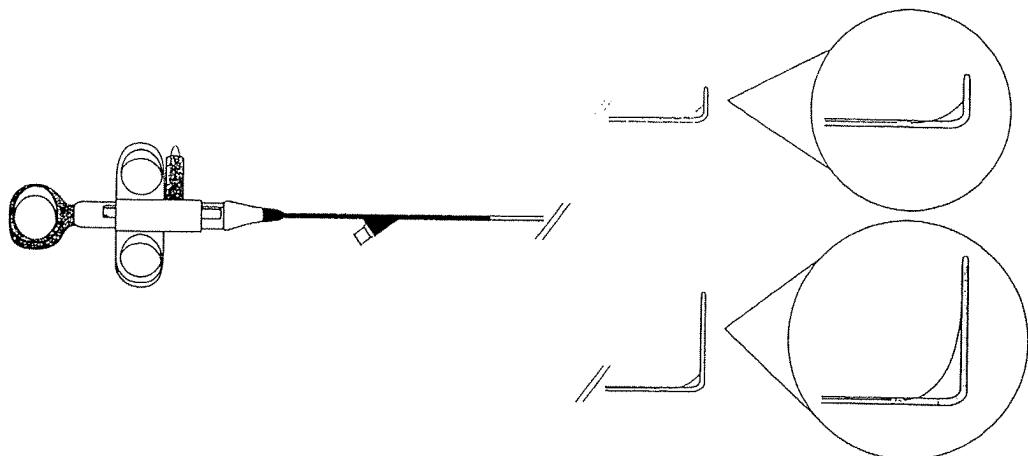
Order Number	Description	Cutting Wire Length (mm)	Distal O.D. (mm) (Fr)	Catheter Length (cm)	Recommended Guidewire (in)*	Price
M00535800	Fluorotome Short Nose	20	1.8	5.5.....200	.035	\$195 ea
M00535810	Fluorotome Long Nose	20	1.8	5.5.....200	.035	\$195 ea
M00535820	Fluorotome Short Nose	30	1.8	5.5.....200	.035	\$195 ea
M00535830	Fluorotome Long Nose	30	1.8	5.5.....200	.035	\$195 ea

* Recommended Guidewire .035" Jagwire Guidewire, Order #5658 or #5660 (see page 9). Active Cords sold separately (see page 23).

2002

BILIARY

SPHINCTEROTOMES



■ ULTRATOME™ SINGLE-USE DOUBLE-LUMEN WIREGUIDED SPHINCTEROTOMES 

Order Number	Description	Cutting Wire Length (mm)	Distal O.D. (mm) (Fr)	Catheter Length (cm)	Recommended Guidewire (in)*	Price
M00530800	Ultratome Short Nose	20	1.8.....5.5	200	.035	\$179 ea
M00530810	Ultratome Long Nose	20	1.8.....5.5	200	.035	\$179 ea
M00530820	Ultratome Short Nose	30	1.8.....5.5	200	.035	\$179 ea
M00530830	Ultratome Long Nose	30	1.8.....5.5	200	.035	\$179 ea

* Recommended Guidewire .035" Jagwire" Guidewire. Order #5658 or #5660 (see page 9).
Active Cords sold separately (see page 23).

EXHIBIT B

Autotome™ RX Cannulating Sphincterotomes

RX Biliary System™

• Compatible with the RX Biliary System

- The Autotome RX Cannulating Sphincterotome is compatible with the RX Biliary System, which is designed to provide secure guidewire access during device advancement, manipulation and exchange

AUTOTOME RX CANNULATING SPHINCTEROTOME*

Order Number	Description	Cut-Wire (mm)	Tip Length (mm)	Tip O.D. (Fr)	Recommended Guidewire (in)
M00545150.....	Autotome RX 49.....	20.....	.5.....	4.9.....	.035" Hydra Jagwire™ Guidewire
M00545160.....	Autotome RX 49.....	30.....	.5.....	4.9.....	.035" Hydra Jagwire Guidewire
M00545170.....	Autotome RX 44.....	20.....	.5.....	4.4.....	.035" Hydra Jagwire Guidewire
M00545180.....	Autotome RX 44.....	30.....	.5.....	4.4.....	.035" Hydra Jagwire Guidewire
M00545190.....	Autotome RX 39.....	20.....	.5.....	3.9.....	.025" Jagwire® Guidewire
M00545200.....	Autotome RX 39.....	30.....	.5.....	3.9.....	.025" Jagwire Guidewire

* Compatible with Universal Active Cords

INSTRUCTIONS FOR USE

Refer to the operator's manual for complete instructions for use.

INDICATIONS

The sphincterotome is indicated for use in transendoscopic sphincterotomy of the Papilla of Vater and/or the Sphincter of Oddi. The sphincterotome can also be used to inject contrast medium.

CONTRAINDICATIONS

Contraindications for this device are those specific to endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic sphincterotomy (ES).

WARNINGS

For single use only. Do not reuse, reprocess or resterilize. Reuse, reprocessing or resterilization may compromise the structural integrity of the device and/or lead to device failure which, in turn, may result in patient injury, illness or death. Reuse, reprocessing or resterilization may also create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient.

After use, dispose of product and packaging in accordance with hospital, administrative and/or local government policies.

POTENTIAL ADVERSE EFFECTS

Potential adverse effects include, but may not be limited to: pancreatitis, perforation, hemorrhage, hematoma, cholangitis; septicemia/infection; and allergic reaction to contrast medium.

Any electrosurgical device constitutes a potential electrical hazard to the patient and/or the operator. Possible adverse effects include fulguration, burns, stimulation, and cardiac arrhythmias.

Please be aware that potential adverse effects may arise even with the proper use of medical devices. Accordingly, this device should only be used by persons qualified in the procedures for which it is indicated.

CAUTIONS

Cautions can be found in the product labeling supplied with each device. CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

TRADEMARKS

RX Biliary System, Hydra Jagwire, Jagwire, and Autotome are trademarks of Boston Scientific Corporation or its affiliates.

**Boston
Scientific**

Boston Scientific
Tel 508.650.8000
www.bostonscientific.com

Ordering Information
1.800.225.3226

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EXHIBIT C

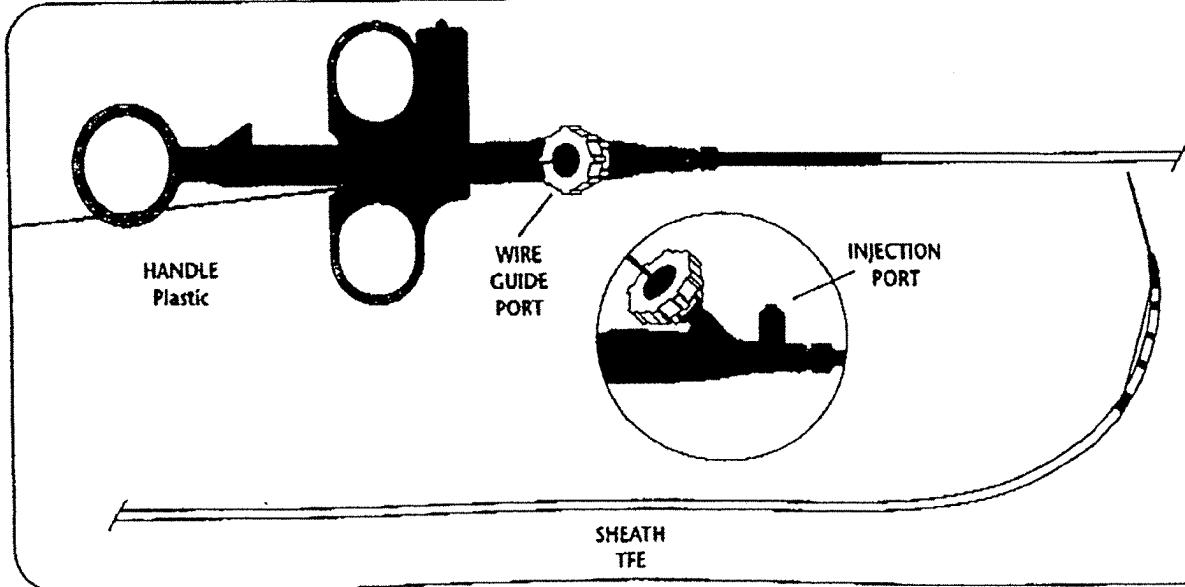
HOWELL

DIRECT
ACCESS SYSTEM

Used for endoscopic cannulation of the ductal system, to aid in bridging difficult strictures during ERCP and for sphincterotomy. The system allows wire guide access to the desired duct during cannulation and sphincterotomy. Contrast may be injected through an integrated hub. This device is supplied sterile and is disposable - intended for single use only.

115.00	DASH-21	6.0 FR catheter tapered to 4.0 FR with cutting wire 21 mm in length (sphincterotome only)	.021 inch*	Black	\$225.0
115.00	DASH-21-480	5.5 FR catheter tapered to 4.0 FR with cutting wire 21 mm in length Straight tip Metro wire guide, 480 cm length	.021 inch	Black	\$225.0
115.00	DASH-260 (UPN 13745)	6.0 FR catheter tapered to 4.5 FR with cutting wire 25 mm in length Straight tip Metro wire guide, 260 cm length	.025 inch	Blue	\$225.0
115.00	DASH-480 (UPN 13747)	6.0 FR catheter tapered to 4.5 FR with cutting wire 25 mm in length Straight tip Metro wire guide, 480 cm length	.025 inch	Blue	\$225.0
150.00	DASH-1 (UPN 13744)	6.0 FR catheter tapered to 4.5 FR with cutting wire 25 mm in length (sphincterotome only)	.025 inch*	Blue	\$125.0
	DASH-35-480	7 FR catheter tapered to 5.5 FR with cutting wire 35 mm in length Straight tip Metro wire guide, 480 cm length	.035 inch	Purple	\$225.0

*Wire Guide sold separately. U.S. Patent Pending



babytome™**PreCurved Double Lumen Sphincterotomes**

for cannulation of the ductal system and for sphincterotomy. This device is supplied sterile and is
single-use - intended for single use only. Active cord available separately.

25
N 14781)

3.5 FR catheter tapered to 3.0 FR with braided cutting
wire 25 mm in length; 7.0 FR introduction catheter
tapered to 6.5 FR, 185 cm length

.021 inch Black \$150.0

*Wire Guide sold separately.

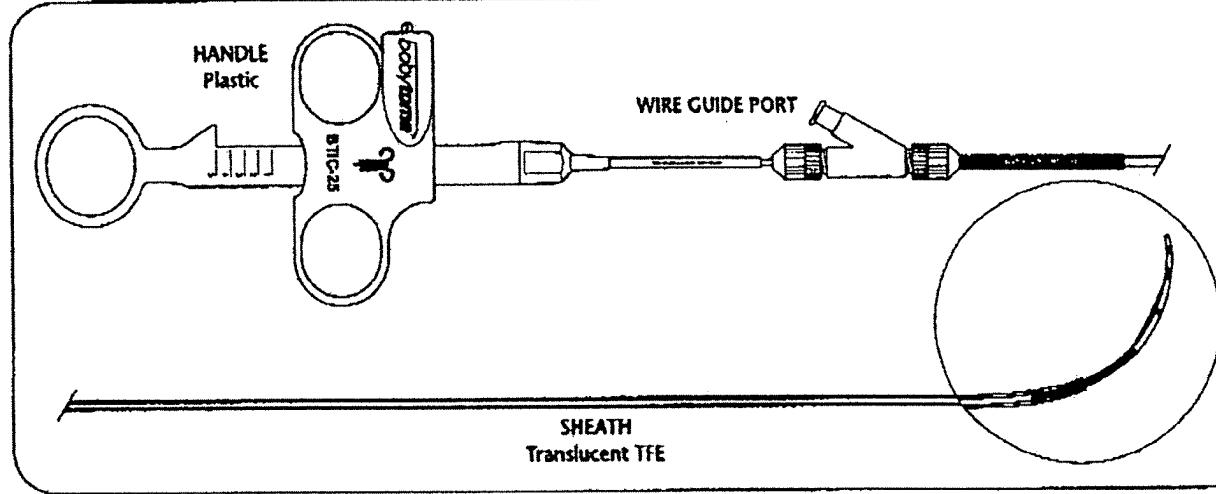
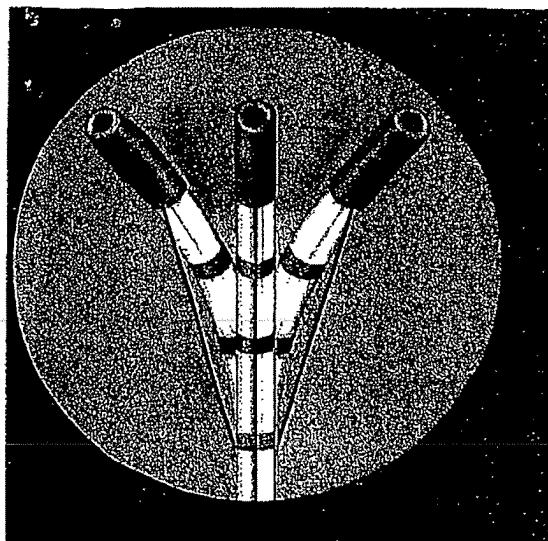
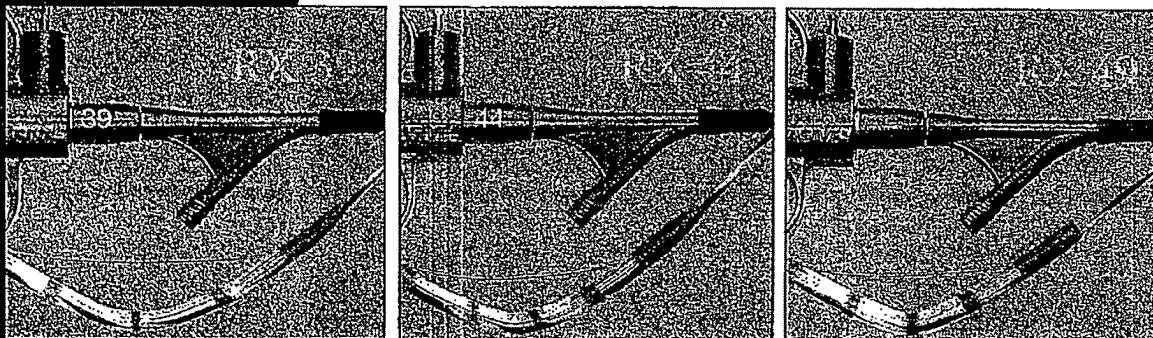


EXHIBIT D



Autotome™ RX Cannulating Sphincterotomes

Autotome RX Cannulating Sphincterotomes are full-featured sphincterotomes designed to offer a physician increased tip control and cut-wire positioning after initial scope exit. The reduced short exchange segment facilitates for a more controlled single-operator device withdrawal.



■ RX Compatibility

- Enables physician to maintain guidewire control during cannulation and stricture access
- RX locking device helps maintain secure access during device withdrawal

■ Direct Wire Technology™

- Unique design allows for cut-wire positioning to the left or right of the initial scope exit position

■ 5 cm Exchange Length

- Designed to make a significant reduction of the exchange length over guidewire compared to the non-RX Biliary devices
- Allows for single-operator device withdrawal

■ Tip Size Variation

- Provides a variety of tip sizes for physician preference
- Handle labeled with respective tip outer diameter for ease of selection (RX 39 and RX 44 only)

■ Merging Lumen Technology™

- Allows for contrast injection while maintaining guidewire access in both 4.4 Fr and 3.9 Fr tip sizes
- 4.4 Fr tip (Autotome™ RX Sphincterotome 44) is designed to be compatible with a 0.035" guidewire
- May help reduce the risk of submucosal contrast injection by redirecting contrast flow into the guidewire lumen

■ Guidewire Selection

- Autotome™ RX 39 is compatible with 0.025" guidewire (0.025" Jagwire Super Stiff guidewire is recommended)
- Autotome™ RX 49 and RX 44 are compatible with 0.035" guidewire (0.035" Jagwire guidewire is recommended)

physician

secure

improved

Control

Access

Speed

enhanced

Efficiency

Boston
Scientific



Autotome™ RX Cannulating Sphincterotomes

Richard L. Smith, M.D., Mission St. Joseph's Hospital, Asheville, North Carolina

A 69 year old female presented with apparent gallstone pancreatitis after being hospitalized for a previous injury. After her gallbladder was removed, she was referred for removal of a suspected common duct stone. Due to a previously placed cervical collar, patient positioning was difficult.

The Autotome RX Cannulating Sphincterotome was introduced and exited the scope at the 11 o'clock position.

After failed initial cannulation, the sphincterotome was directed towards the 1 o'clock position to help compensate for difficult patient positioning.

After being directed back to the 12 o'clock position, wireguided cannulation was achieved with physician control of a .035 Jagwire™ guidewire.

Subsequent cholangiogram revealed a 1cm common bile duct stone.

Sphincterotomy was performed with the Autotome RX Cannulating Sphincterotome.

The device was removed in a physician-only exchange. A RX retrieval balloon was then used to clear the duct.

AUTOTOME RX CANNULATING SPHINCTEROTOME*

PRODUCT NUMBER	DESCRIPTION	CUT-WIRE LENGTH (MM)	TIp LENGTH (MM)	TIp O.D. (Fr)	RECOMMENDED GUIDEWIRE
M00545150	Autotome RX 49	20	5	4.9	0.035" Jagwire
M00545160	Autotome RX 49	30	5	4.9	0.035" Jagwire
M00545170	Autotome RX 44	20	5	4.4	0.035" Jagwire
M00545180	Autotome RX 44	30	5	4.4	0.035" Jagwire
M00545190	Autotome RX 39	20	5	3.9	0.025" Jagwire**
M00545200	Autotome RX 39	30	5	3.9	0.025" Jagwire***

* Comparable with Universal Active Cords.

** Recommended 0.035" Jagwire™ guidewire.

***Recommended 0.025" Jagwire™ Super Stiff guidewire.

Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device.

CAUTION: Federal (USA) law restricts this devices to sale by or on the order of a physician.

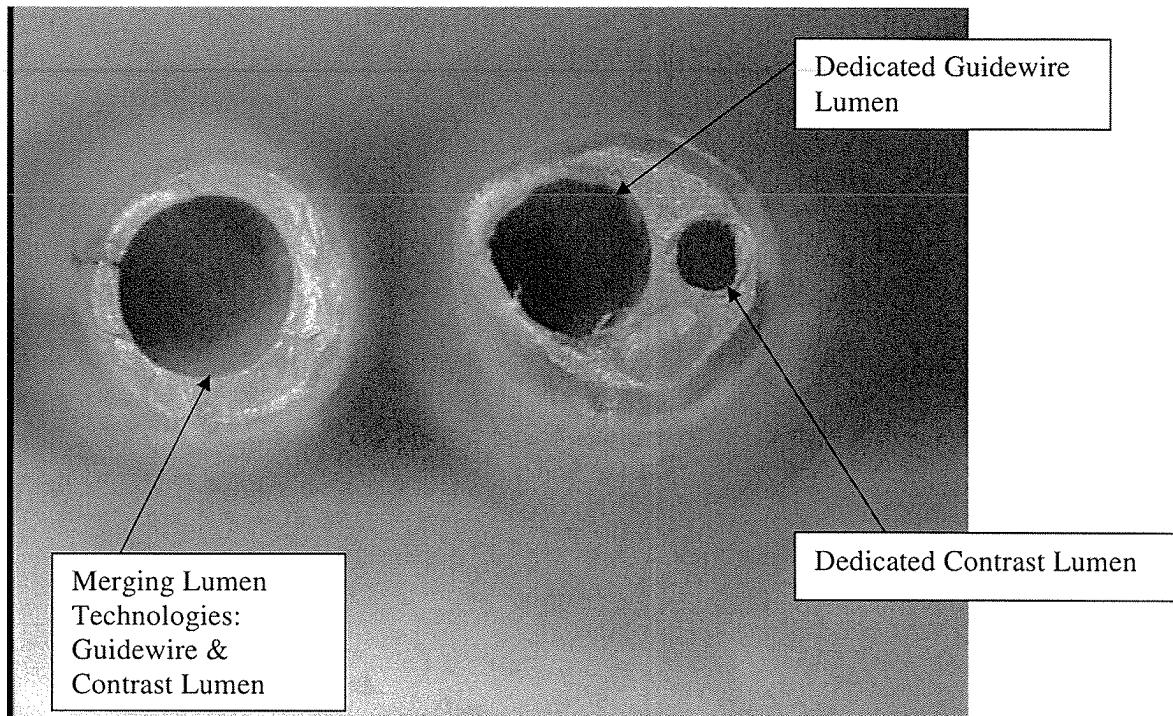
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Boston Scientific Corporation
Tel 508.690.8000
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Ordering Information
1.800.225.3226

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BVG1080 1/03/7.5M

EXHIBIT E



**Boston Scientific
Autotome RX 44
REF No: 4517**

**ConMed Endoscopic Technologies
Apollo 3 AC
RER No: 7104AC**